

1997-98 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Joint Committee on
Finance (JC-Fi)

Sample:

Record of Comm. Proceedings ... RCP

- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ **

➤ Miscellaneous ... Misc

➤ 97hrJC-Fi_Misc_pt165

➤ Record of Comm. Proceedings ... RCP

➤ **

I am here today on behalf of the Red Cliff Band of Lake Superior Chippewa Chairperson Rose Gurnoe . I want to thank you for the opportunity to share some concerns and discuss some factual issues confronting our Tribe's initiative to pilot a national Tribal TANF program. As you know, the TANF program is the Federal replacement for the old AFDC program.

The Tribe is taking this historical opportunity as authorized by Congress, to provide essential services to our families through a direct federal contract. The Federal government has had sixty years to foster welfare dependency amongst tribal members. Red Cliff has sixty months to end welfare dependency as we have known it. We are very excited for the opportunity.

Sixty years of welfare dependency has resulted in unhealthy lives for many tribal members. Poverty takes its toll on our spirit. Native Americans age faster and die younger than any other ethnic group. We are more affected by alcohol and other drug addictions, we have higher rates of obesity, diabetes , high blood pressure and coronary artery disease than all other groups in the state, we have and continue to suffer the multigenerational results of oppression and trauma. Not too long ago, in our lifetime, tribal members were criminalized for attempting to feed their children. We know our population, like you know your populations, we have and can find solutions to our problems.

The Red Cliff Tribe has enthusiastically seized every opportunity to develop quality programs that address the unique needs our tribal families. For over two decades now the Tribe, State and the Federal Governments have

collaborated and began to successfully deliver quality services to tribal members through both state and federal contracts. We (Tribal/ Federal/State) have collaboratively, intervened on the devastating impact that alcohol and drugs have brought to our tribal families. We are in fact and indeed winning the war on alcohol and other drug abuse issues. We will continue to experience success and find solutions to these problems as long as we have the means necessary to maintain successful programming. Rumors are that the current proposed governors budget threatens to take away essential services that have proven especially helpful and successful in AODA crisis driven situations.

We are requesting that the JCF exempts the Red Cliff Consolidated Family Service Contract from any proposed budget cuts. This contract provides AODA Prevention Programming and essential child protective services to tribal families 24 hours a day as well as other vitally important successful services to our Tribal members in need.

As always we appreciate our unique government to government relationship with the State of Wisconsin. It is important that we emphasize the fact that collectively, there are only 45,000 Indians in the State of Wisconsin, and there are 5 million other residents. Many of the policies that are formulated in Madison are usually in the best interest of these 5 million people while on the other hand these changes formulated in Madison without the consultation of

the tribes are usually catastrophic for the Tribe and /or Tribal Members.

Policy formation without tribal input is contrary to the principles involved in government to government relationships. It is repugnant to the idea of participatory democracy.

The Kinship Care program proposal requires the formalization of relative placements. These types of placements provided for in the kinship care program are key examples of our own traditional child rearing practices. We do not agree with nor condone the court driven formalization of a natural occurrence within our traditional tribal family structure. It is imperative that we respect this institutionalized pattern of child rearing within our culture. We are requesting exemption from this requirement. Again, these are essential ingredients that will assist us in our journey to independence.

If the rumors are true, the proposed policies and proposed budgets will be devastating to tribal families

Therefore: We also requesting an immediate review by the American Indian Study Committee of all policy changes or budget adjustments specifically relative to Red Cliff which may be implicate in the Governors proposed budget.

We desire success, we must, succeed and with your understanding chances are we will. Two years ago the JCF authorized a child welfare pilot between the State DHSS

and the Red Cliff Tribe. We were especially grateful that the sunset date has been lifted. We are disillusioned and extremely angered, however that the authorized amount has never been realized by Red Cliff and that the current proposal is to shrink the amount we did receive by nearly 50%. We are requesting that the full amount as authorized be restored for the duration of our TANF program.

The Red Cliff Tribes request for exemption from the above mentioned cuts especially through the duration of our TANF program is vital as these services are critical ingredients to our success at reaching self-sufficiency.

In conclusion, we are aware that additional funding is available to state governments from Congress to assist them in realizing the spirit of PL 104-193. Red Cliff has been overlooked in this process. There are several ways that states can supplement their block grant funding, including: a \$2 billion contingency fund for states experiencing economic downturns, an \$800 million fund to provide supplemental grants for states with high population growth and low welfare spending, a \$1.7 billion federal loan fund, a \$1 billion appropriation to make performance bonuses, and a \$100 million annual appropriation for bonuses to states that reduce the number of out-of-wedlock births and abortions.

The Welfare Reform law enacted by Congress in 1996 requires the State of Wisconsin to maintain 80% of their previous welfare expenditures. We are requesting that the

"Maintenance of Effort" remain at 100% with Red cliff's Share being earmarked for our tribal families.

We believe the requests entered by this testimony are moderate in nature and are absolutely vital to our tribes survival.

Again, with your continued support and collaboration we will enter the 21st century healthier and more economically independent.

Meegwitch.



LAKEVIEW DENTAL CENTER

Fred L. Tidstrom, D.D.S.

Phone: (715) 682-2811

615 West Lake Shore Drive • Ashland, Wisconsin 54806

WISCONSIN DENTAL ASSOCIATION

PILOT PROJECT FOR THE WISCONSIN MEDICAID DENTAL PROGRAM

4/16/97

INTRODUCTION

The following Wisconsin Medicaid Dental Pilot Project proposal encompasses District # 12 which includes Ashland, Douglas, Bayfield and Iron counties. Requirements for participation in this pilot project are 1) membership in the WDA and 2) Medicaid certification by the state of Wisconsin.

Hopefully, this project will be presented to the legislature during the current budget period, (1997-99). If the legislature approves this project, it will be conducted for the same two year period

PROBLEM STATEMENT and NEEDS ASSESSMENT

Legislators and the general public have criticized dentists for not providing dental care to Medicaid recipients. Currently, the legislature is responsible for setting the value of the care provided to Medicaid recipients by establishing provider reimbursement rates. It is essential that the state determine the value of the care for Medicaid recipients at a level which is not substantially below the value of the care received by non-Medicaid patients. Currently, the state has set the value of the care for Medicaid recipients at 57% of the fees paid by non-Medicaid patients back in 1991.

The program in its current format is bogged down with government rules and paperwork, which are disincentives for dentists and their staffs to participate. Furthermore, Medicaid recipients, as a population, have not adequately assumed responsibility for keeping scheduled appointments. This creates lost time, unnecessary confusion and frequently leads to the need for emergency care.

The state of Wisconsin is currently implementing its Medicaid Managed Care Expansion Plan, which is having severe difficulty in establishing dental networks due to the reluctance of dentists to participate in managed care programs in general. Dentistry has always been focused on prevention and is cost effective. Managed care is trying to introduce these concepts into the medical care of recipients. Dentists believe their fee for service practices can successfully continue to provide prevention-orientated care at a reasonable cost while remaining outside the managed care arena.

This demonstration project provides a creative solution to the problems as stated.

OBJECTIVES and GOALS OF THE PROGRAM (End results desired)

To increase access to dental care in the four target counties for Medicaid recipients by the end of the two year period. The program will set up a mechanism by which the utilization rates will be reviewed on a regular basis.

To reduce the number of emergency visits to dental offices and hospital emergency rooms by increasing the access and regularity of dental care.

To establish an Oversight Committee to provide specific functions as outlined under the Oversight Section of this Report.

To assure that dentists and community health agencies are considered full partners with the state in providing a solution to the access to care problem.

To assure, regardless of the financial status of the program, that each enrolled Medicaid recipient will have access to dental care at a dental office, in one of the four counties.

To provide incentives for dentists to participate in the pilot project by increasing the reimbursement rate based on a maximum allowable schedule. In exchange for receiving a more reasonable reimbursement rate, the dentists will assume the financial risk of meeting the goals of the program should the funds expire before the end each designated funding period.

To give treatment of children the highest priority because of the proven cost effectiveness of early intervention and prevention.

These goals will be reached by expending no more than the sum certain amount of funds as identified by the per recipient, per month funding mechanism proposed for the Medicaid Managed Care Program for the target counties.

ENROLLMENT

The program would be non-voluntary, similar to the mandatory Medicaid HMO enrollment program currently in place in many counties throughout the state.

The recipients will be required to identify their dental provider and, if they fail to choose a provider, one will be assigned to them.

Dentists will be required to identify the number of Medicaid recipients they can absorb in their practice. The Oversight Committee will review the coordination of matching the recipients with the dentists.

Dentists certified to provide Medicaid services in these four counties will be provided a list of those recipients who have identified them as their primary provider.

FUNDING

The sum certain amount will be determined by multiplying the number of enrollees by the state's HMO capitation rates for the region in which the four counties are located.

According to the Medicaid Managed Care Expansion information, the dental capitation rates, per member per month, for the Duluth/Superior Region, (Region 1) for the AFDC/HealthyStart Children is \$5.60. Region 1 encompasses the four counties of the pilot project. According to the figures we have from the BHCF, there were 13,042

eligible recipients in the four counties in 1996. Based on the capitation rate and the number of recipients, the WDA has estimated that the state expects to pay for the HMO programs which is approximately \$876,422.40 for the managed care dental capitation rate for the four counties.

This project will request an amount comparable to the state's capitation rate estimate, on a "sum certain" basis, to be expended on dental care in Ashland, Bayfield, Douglas and Iron counties for the fiscal budget period. It is the WDA's understanding that this is equal to the amount the state has essentially determined to be sufficient for the Medicaid population of the four counties under the managed care expansion. WDA believes that this program can provide greater access to care to Medicaid recipients in these four counties for the same amount of money.

METHODS (Means of accomplishing the objectives)

The methods described here will assure that the objectives as outlined above will be attained. These methods will include:

Contract with an established program administrator in conjunction with the state's Bureau of Health Care Financing. (Contact has been made with several established administrators. Preliminary discussions indicate approximately a cost of no more than 7-10% of the overall program for administration.)

Administrator's Duties:

Develop and maintain records of eligible recipients

Develop and maintain records of certified Medicaid providers

Develop reports for the Oversight Committee and BHCF regarding utilization and financial expenditures

Pay claims to providers, according to the payment mechanism provided in the contract with the program administrator

Deposit the lump sum payment from the state into an operating account for payment of claims and administration costs as well as payment for case management and outreach services.

Coordinate participation with the county health departments to assist in planning and case management, as well as provide recipient and provider enrollment and provider/recipient education.

Require dentists to sign an agreement to assume risk for the program, accept payment based on the modified maximum allowable fee schedule; provide services as outlined on the Covered Services document and abide by the ethical and professional program requirements.

Submit a proposal to the Wisconsin legislature for discussion and passage, thus, enabling the program to be implemented.

Follow-up with any federal Medicaid waivers necessary for the program to be implemented.

OVERSIGHT

An Oversight Committee will be composed of persons or representatives from the following agencies:

Wisconsin Dental Association staff, WDA 12th District Trustee, one person from each County Health Department, one dentist from each of the counties involved, BHOE Dental Consultant, representative from the administrator, representative from legislator's offices and a Medicaid recipient.

The responsibilities of the Committee are as follows:

Assist in planning the implementation of the program

Develop recipient educational material

Conduct educational meetings with the providers and recipients in coordination with the county health departments

Review records of eligible recipients

Review records of participating dentists

Review the reports from the administrator

Appoint a review panel of dentists to review and approve prior authorizations

Provide utilization review

Provide appropriate and quality of care review

Evaluate the objectives and outcomes of the pilot project and report those findings to the legislature in 1999.

The process that will be introduced in this program is to obtain the assistance of the County Health Departments to provide case management; obtain agreements from the certified dentists in each county to continue to take patients of record and accept new Medicaid patients; to reimburse for treatment on a modified maximum allowable fee schedule; and to require personal responsibility from recipients.

The evaluation process will require that the following performance standards be met: Dental providers will provide dental care for eligible children and adults at a level which is above the current access rates for these four counties, as determined by the Bureau of Health Care Financing. This information will be obtained through monthly reports supplied by the Administrator of the Pilot Project.

An agreement will be signed by each certified dentist stating that he/she will assume risk for the program, accept payment based on the modified maximum allowable fee schedule, provide services as outlined on the Covered Services document, will abide by the decisions of the review panel appointed by the Oversight Committee fulfill the professional requirements of the program.

EVALUATION

The evaluation of this program will be conducted by the Oversight Committee.

The success of the program will be determined:

by comparing the number of claims submitted during the two year project to those claims submitted in 1996;

by recording the number of recipients who had at least one dental visit during each year of the program;

by the reduction of number of dental emergencies at hospital emergency rooms;

by evaluating the effectiveness of the process utilized by the Oversight Committee;

by the number of complaints filed by recipients to the County Health Departments
regarding their inability to obtain dental care; and
by remaining within the sum certain budget allocation for this program.
by reviewing the number of participating dentists
by remaining within the sum certain funding limits

For more information contact:

Ms. Mara Graven

Wisconsin Dental Association, Inc.

1 South Pinckney Street Suite 605

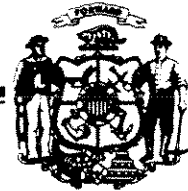
Madison, WI 53701

1-608-250-3442

1-888-538-8932

Barbara J. Linton

State Representative
74th Assembly District



Vice-Chair
Committee on Natural Resources
Member
Committee on Tourism, Recreation
& Forest Productivity
Committee on Colleges and Universities
Committee on Employment & Training

September 7, 1988

Dr. Fred Tidstrom, D.D.S.
Lakeview Dental Building
615 West Front Street
Ashland, WI 54806

Dear Dr. Fred: *Fred*:

Thank you for sending me a copy of the letter that you received from Christine Nye, Director of Health Care Financing. I appreciate you keeping me informed on this issue.

It appears that we in the legislature will have to start to address this issue. I have heard from numerous people on this and I plan on talking to people from the Department of Health and Social Services this fall. I will keep you informed and I will probably contact you prior to the meeting.

I think it's very obvious something has to be done.

Sincerely,

Barbara J. Linton
State Representative
74th Assembly District

emr

THE DAILY PRESS

NORTHERN WISCONSIN'S MORNING NEWSPAPER

Medicaid policies rankle dentists

Low reimbursement,
high no-shows,
complicated
paperwork make
program a liability

BY JULIE BUCKLES
Staff Writer

For 41 years, Dr. Fred Tidstrom has been a dentist and friend to thousands of Ashland residents. That's why he struggled with his decision to quit taking new Medicaid patients three years ago. At that time, Tidstrom had 1,000 patients on medical assistance — 25 percent of his patient load — and he couldn't afford to accept anymore.

He is not alone. Most regional dentists are rejecting any new Medicaid clients. Their reasons? Low reimbursement rates, high no-show rates, and complicated paperwork.

According to a survey conducted by Chamberlain Research Consultants the news isn't all bad. The number of state-wide dentists treating Medicaid patients has increased by nearly 20 percent the last three years.



DR. FRED TIDSTROM
Ashland dentist

However, northern Wisconsin is hit harder than the rest of the state because there are so few dentists and because it doesn't have enough wealthy people to absorb the losses like the southern part of the state, said Jeff Kostelic, research assistant for Representative Barbara Linton.

Thirty-eight dentists serve Ashland, Bayfield, Douglas and

POLICIES: Wisconsin Medicaid helps pay health costs for about 500,000

From Page 1

Iron counties where approximately 8,500 Medicaid recipients reside — about 223 patients per dentist.

The Bad River community has had such a problem finding dentists they recently voted in a referendum to designate \$25,000 toward equipping their own dental office.

Tidstrom said it pains him and his staff to turn away neighbors just because they're Medicaid patients, but until changes are made in the federal-state program, he has no choice.

Wisconsin Medicaid helps pay health costs for about 500,000 needy, aged, blind, and disabled people as well as low-income families with children each year. It reimburses dentists for services at an average of 55 percent of their normal fee — a losing proposition for dentists who say that doesn't even cover their overhead costs. For a routine visit with x-rays and adult cleaning dentists are paid approximately \$70, for Medicaid patients that amount drops to \$38.50.

The state legislature sets the reimbursement rates during its biannual budget cycle. Two years ago, it raised rates for children's care to 75 percent of 1994 set rates. Dental care comprises 1.1 percent of Wisconsin's Medicaid dollars — about \$25 million — and more than half of this amount goes to children's care. Sixty percent of the budget is funded by the federal government. Pris Boroniec, deputy director of the Medicaid program, could not comment on whether there would be rate increases for dentists but did say her office is willing to do all that they can to increase access and to increase the number of dental providers.

Tidstrom disagrees. He has drilled the state legislature about the Medicaid issue for the last 25 years with little success. He and 32 other northern dentists have proposed "Option T" which calls for the following changes:

- Increase reimbursement to 90 percent of charges submitted
- Maintain a set funding

When annual expenditures reach 80 percent, only emergency services would be provided for the remainder of the year.

- Make adult services elective. Persons would be put on a waiting list and reimbursed from surplus funds.

- Set yearly maximum per patient excluding hospitalization and dentures.

- Cover all emergency services, as well as basic dental for children until age 19, AFDC mothers, and prosthetic services, limited to denture repairs and relines.

Dentists are not the bad guys, said Tidstrom. While he and his peers are hesitant to admit they accept Medicaid patients for fear of a rash of calls, they aren't turning away children or adults with true emergencies. "No one is walking around with swollen cheeks howling in pain," Tidstrom said.

No-shows are the biggest reason dentists reject new Medicaid patients. According to the Wisconsin Dental Association (WDA), more than half of Medicaid patients fail to show-up for their scheduled appointments as opposed to a 1 percent failure rate among the general population. "That's absolutely lost time for dentists," said Maryann Dillon, WDA director of dental services. "We have tried to have the state build in a penalty program for no-shows but can't because of federal regulations."

Eau Claire dentist Lonette Breneman echoes this frustration. Two years ago dentists formed a project called "Triage" designed to disperse the Medicaid patients among area dentists. The Eau Claire County Health Department donated a part-time secretary to handle calls and make appointments. The project failed within six months because some patients didn't keep their appointments and others falsely claimed emergencies to get in sooner, said Breneman, who no longer accepts new Medicaid patients.

Meanwhile, many poor people find themselves without a dentist. Terri Perry, economic

County, receives as many as 30 calls each fall from clients unable find a dentist for their children.

Sara Hall who runs the Bridge Community Health Clinic — one of the 850 community health centers in the country working to remove barriers so people will access medical care at the appropriate times — agrees dentists have legitimate gripes. She doesn't think waiting for a nod from the legislature is the solution. "Madison have gotten the message loud and clear. The first thing a legislator asked me when I visited his office is what was I going to do about the dental issue. He has people calling his office saying they can't find a dentist. It's a question of finding the money," she said.

In Marathon County, where Wausau is located, there are 5,200 Medicaid recipients and only 12 dentists who admit Medicaid patients. Again, too many patients not enough available dentists. To pick up the slack, Hall applied and received a two-year grant from the United Way to start a dental service.

She hired a dental case

manger to work with patients. Since many of their clients are from southeast Asian, the case manager helped push through language and cultural barriers. He also educated recipients about the importance of preventive medicine and addressed the no-show issue. The first year, the clinic contracted dentists, handled billings and made sure patients kept their appointments. The case manager would call clients the night before, double-check transportation and boasted a 100 percent success rate.

In September, they brought their dental operation in-house and immediately filled their calendar. They no longer have a perfect attendance rate — Hall points out that many Medicaid patients don't have phones — but the part-time dentist and hygienist treat 20-25 patients, four days a week. The clinic bills Medicaid and charges uninsured and underinsured patients — people who have unaffordable deductibles — on a sliding fee scale based on income. Interested patients are welcome should call ahead because the clinic is booked.

Pilot program for dental care targets Medicaid patients

If successful, it could become model for providing services statewide

By MARY THOMPSON
Staff Writer

Local Medicaid patients could see better access to dental care next year, if the Legislature approves a pilot program proposed by the Wisconsin Dental Association.

Many Wisconsin dentists have stopped accepting new Medicaid patients, saying they lose too much money under the federal program. The problem is worse in rural areas like northern Wisconsin, which have a higher percentage of poor families.

The WDA pilot program would target four northern counties, where a number of dentists have been pushing for Medicaid reform.

The new program will require federal waivers, similar to those required for Wisconsin's Work-to-Welfare project.

New Medicaid patients can't get into the dentist. We have referred some people as far as Eau Claire.

— Millie Lindsey
Director, Bayfield County Health Dept.

The WDA's biggest challenge will be proving that their program will save money and increase access to dental care.

The new program would be funded like a health maintenance organization. Medicaid patients would be allowed to choose their own dentist, then the state would pay a flat

monthly fee that would be expected to cover all of the patient's services. HMOs operate on the assumption that some patients will spend less than the monthly fee; money saved on those patients can then be spent on patients whose care exceeds their annual Medicaid allotment.

WDA dentists would agree to treat all Medicaid patients for a fixed sum of money each year. The dentists would be responsible for keeping costs low enough to cover their expenses.

WDA officials will work with county health departments to ensure that Medicaid patients make regular dental visits instead of waiting until they face a costly emergency. They also want to make sure that children are seen "early and often" to prevent future dental problems.

Sen. Bob Jauch and Rep. Barb Linton discussed the project with WDA officials Saturday at the Hotel Chequamegon

See PROGRAM Page 12

12 — THE DAILY PRESS — Ashland, WI — Monday, April 14, 1997

PROGRAM: WDA officials will modify portions of plan

From Page 1

in Ashland. They have agreed to present it to the Joint Finance Committee after the Legislative Fiscal Bureau has reviewed and approved the plan. WDA officials expect to modify portions of their program to meet state and federal standards.

Both legislators said the plan fits current federal efforts to reform health and welfare programs.

The WDA pilot program targets Ashland, Bayfield, Iron and Douglas counties, which have 13,000 enrolled Medicaid recipients. Those patients made about 6,000 trips to a dentist last year, often for dental emergencies requiring expensive treatment.

Wisconsin sets Medicaid

reimbursement rates at 57 percent of what dentists' charge for services 1991. That means, for example, that dentists receive about \$38 for a routine dental visit. Non-Medicaid patients pay \$70 for the same services.

The WDA hopes to raise reimbursements to between 70 and 80 percent of regular charges. That would increase reimbursement for the average visit to between \$49 and \$56.

If successful, the northern Wisconsin pilot program could become a model for providing services statewide.

Medicaid reimbursement has become a priority for WDA officials, who say most dentists want to treat Medicaid patients, but can't do it if it means losing money.

Low reimbursements aren't the only challenge in treating

Medicaid patients. A WDA survey showed that more than half of Medicaid patients fail to show up for their scheduled appointments, compared to a 1 percent failure rate among the general population.

Local public health officials are hoping the project will help poor families get the care they need.

"New Medicaid patients can't get into the dentist. We have referred some people as far as Eau Claire," said Millie Lindsey, director of the Bayfield County Health Department.

Many WDA officials credit Ashland dentist Fred Tidstrom for his work developing the pilot program. Tidstrom has been lobbying for Medicaid reform since the early 1970s.

Ashland dentist has given lifetime of service to community he loves

By MARY THOMPSON
Staff Writer

In 1960, Fred Tidstrom and Floyd Amundson started at a 20-foot wooden thermometer on the Ashland County Courthouse lawn.

The two men were in charge of raising \$25,000 for Ashland's first United Way fund drive. The thermometer would mark their progress. The only trouble was, they weren't making any.

"Two weeks into the fund raiser, we had \$428 — and \$200 of it was mine," Tidstrom said.

Amundson wasn't sure what to do, so Tidstrom grabbed a brush and painted a fat red line up to the \$15,000 mark. "We were \$10,000 over our goal almost immediately," Tidstrom said. "After that, I was dangerous."

Fred Tidstrom has been unleashing his "dangerous" behavior in Ashland for almost 60 years. Many friends and admirers will say the city is a better place because of it.

The Ashland Area Chamber of Commerce will honor Tid-

strom's lifetime achievements tonight when they bestow their Citizen of the Year award at the Ashland Elks Club.

The 68-year-old dentist is thrilled with the award, but insists his 40 years of civic service aren't that special. "I love Ashland," he said, "expecting that to explain a volunteer record with few local rivals."

The Chamber will honor one of Ashland's native sons, a brilliant science student who could have lived anywhere in the world, but chose to make Ashland his home. In doing so, he also decided to carry on a tradition of service he learned growing up in his parent's west-end Ashland home.

His mother, Emma Tidstrom, was a school teacher who served as president of the Band Mothers club and supervised church Sunday School classes. His father, George, was a post office superintendent who served in the Trinity Hospital board for 34 years.

Fred and his brother, Ken, were expected to participate in

See CHAMBER Page 12

CHAMBER: Tidstrom, others have lobbied Governor Thompson for changes in Medicaid dental reimbursement

From Page 1
everything from sports to Sunday School, and they excelled in almost everything they did. They both attended Minnesota's Gustavus Adolphus College, where Ken majored in physics and Fred earned degrees in math, physics and chemistry.

Ken became a physicist in Washington, D.C.; Fred chose

dentistry because he wanted to make his home in Ashland.

Tidstrom returned to Ashland in 1957, a few years after the one docks closed. That didn't stop Tidstrom from renting space in the old Masonic Temple building.

It didn't take him long to get involved in local projects. He headed the United Way fund drive, coached Little League; became a Boy Scout leader, then switched to Eagle Scouts when his sons were older; treated tuberculosis patients at the

Pure Aire Sanatorium; and served in the U.S. Naval Reserve.

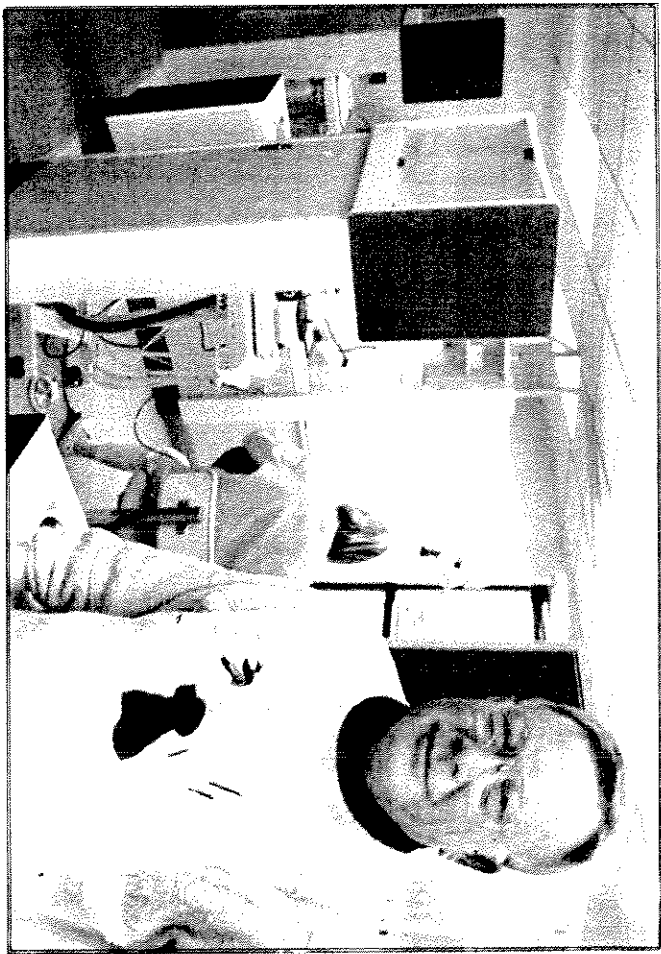
That was just the beginning. Tidstrom's list of volunteer activities takes up two pages on a resume. His biggest priorities, however, have been scout and church activities, the medical profession, and education. He spent nearly 20 years helping Memorial Medical Center recruit physicians; it was one of his proudest accomplishments.

Tidstrom estimates that he screened 150 prospective doctors. His recruits, however, had to be more than excellent physicians. Tidstrom looked for people who would love Ashland and the Chequamegon Bay area like he did.

"They had to love the big lake and winter," Tidstrom said. "The big lake was our trump card."

Don Johnson, a retired garage owner who served with Tidstrom on MDIC's board of directors, said Tidstrom was a tireless worker. "He's like a bird dog; he never gave up," Johnson said.

EXEMPLARY CITIZENSHIP — Ashland dentist Fred Tidstrom will be honored tonight as the Ashland Area Chamber of Commerce's Citizen of the Year. Tidstrom has devoted more than 40 years volunteering his time for dozens of causes, especially those focusing on children, education, health, and his church.



Mary Thompson/Staff Photo

son said. Tidstrom needed dogged determination in the 1970s, when he and other community residents began lobbying for a new high school. Tidstrom remembers 1,400 students crowding into turn-of-the-century classrooms in the three-story brownstone building.

A former school board member, Tidstrom became the focal point of a long, often acrimonious debate that divided the town. Even though the battle affected his business, he refused to back down.

The referendum failed four times, then passed the fifth, by just 17 votes. Those who fought for the new high school credit Tidstrom for its success.

You need more people who are willing to put themselves on the line," said Pat Ortman, who served 21 years on the Northern Wisconsin Dental Society board. "He's got such a reputation for honesty and integrity."

Tidstrom said a lot of his work has been out of love for his five children, who he raised with Ellen, his wife of 42 years.

Four of his five children — Erik, Kyle, Janna, and Dana — will be at Saturday's banquet. His fifth son, Fred, must remain at work in North Carolina.

After more than 40 years of volunteer service, Tidstrom still refuses to rest. He now devotes much of his time to improving Medicaid services for northern Wisconsin's poorest residents.

Tidstrom and other members of the Northern Wisconsin Dental Society have spent years lobbying Gov. Tommy Thompson and the Wisconsin Legislature for changes in Medicaid dental reimbursement. They will find out today whether or not they've been successful.

This morning, instead of getting ready for his big Citizen of the Year dinner, Fred Tidstrom will host a meeting of the Northern Wisconsin Dental Society at the Hotel Chequamegon.

Tidstrom's goal is simple: give dentists a specific amount of Medicaid money to work with, then let them develop a service plan. Tidstrom believes

rural dentists will be able to serve more patients at lower costs than under the old program.

That's important to Tidstrom, since many Medicaid recipients are his north country friends and neighbors.

Tidstrom only works part time now at his Lakewood Dental practice, leaving most of the patients to Barry Jacobs and Dale Nixon. The practice is so busy now, Tidstrom says he would never had the time he once did to volunteer, so he's grateful to his two younger partners for taking most of the work load.

Despite his busy schedule, Tidstrom never seems tired. He certainly shows no signs of slowing down, at least until he's ready to meet his Creator.

"When you're 68 and you're looking at eternity, what you've left behind is probably more important than what's coming down the road," Tidstrom said.

Happy 18th Birthday

JESSE WELTY

We love you lots,
Mom, Dad, Taylor,
Grandma & Grandpa Miller

DEER CREEK ENTERPRISE HEATING PLUS

- Wood, Gas & Pellet Stoves, Fireplaces & Inserts
- Work Hot Air Furnaces
- Well-Mean Boilers
- In-Floor Heating Supplies
- Outdoor Wood Furnaces and Stoves
- Lumber •Drywall •Appliances
- Spas •Hot Tubs •Saunas

Professional Installation Of Everything For The Do-It-Yourselfer

LARGE SHOWROOM DISPLAY

Open Mon.-Fri. 9-5 or by Appointment



Grace Heitsch, M.D.

PEDIATRICS

**1625 MAPLE LANE
ASHLAND, WI 54806**

**OFFICE (715) 682-9641
FAX (715) 682-2481
AFTER HOURS (715) 682-4563**

4/17/97

**In support of HOME VISITING;
A COST SAVING, TRULY EFFECTIVE, CHILD ABUSE PREVENTION MODEL.**

Testimony for the Joint Finance Committee

As a pediatrician, child abuse is the one part of my practice I loathe. I hate the heart ache and despair of "rescuing" a badly abused child from his tormentors, often a family member. I hate the emotional turmoil family members endure. Providing medical care for damaged children is depressing. But the worst part is watching those children grow- they fail in therapy, fail in school, drop out of society, but not the gene pool. They often go on to early reproduction- and to repeat the cycle of violence against their own babies. They know no other way to interact with the world.

Conventional wisdom states there is no cure for child abuse. This is wrong. Home Visitation works. Home Visiting prevents child abuse and neglect *and* it saves money we are now wasting on ineffective treatment, paliation and incarceration.

In these times of fiscal austerity, every program should be evaluated as to it's worthiness and cost effectiveness. While children who are abused must be serviced and protected, the current system is wasteful and ineffective at best. Rates of abuse increase yearly. Cost of prosecution, out of home placement and rehabilitation are prohibitive, and all too often the very children we "rescued" from abuse end up repeating the cycle and abusing their own children.

Home visiting modeled after the 20 year old highly successful *Hawaii Healthy Start* has been shown in many studies and many settings to be a highly effective method to interrupt the vicious cycle of inter generational abuse and neglect. Families served have extremely low incidence of substantiated severe child abuse compared to matched peers.

In addition to saving lives, nurturing and protecting young children, strengthening families and fostering familial independence, **Home Visiting Programs save \$2 for every \$1 spent** in the first generation served. It is anticipated that by interrupting the cycle of abuse, additional uncounted dollars will be saved in years to come.

Savings:

- less **Foster Care**
- less intervention by **Child Welfare**
- fewer **Prison costs**
- less **Youth violence**
- more highly **employed parents**
- more commonly completed **Parental education**
- better **Child spacing**

- better access to **Health care**, better vaccination and increased use of preventive and clinic care, less use of emergency room and hospitalization.
- fewer public **Housing** costs
- better **School readiness**, less money spent on special services, remedial education, and emotionally disturbed students.

How does this work? Truly, the vast majority of parents mean to do well.... They want the best for their children. BUT we all learn to parent from our own experience, in those first impressionable years. If we were fortunate, and our own experience was good, we will likely do a reasonable job, even without much support and forethought. If our own experience was abusive, and as new parents we have little time, poor education and no resources for reflection and change; the next generation may fare worse yet.

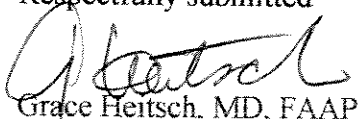
Early intervention with Home Visiting is the answer. At the birth of the first child, *before* new parents have had a chance to make mistakes, a home visitor guides them through the steps of successful parenting and nurturing their own babies. They teach appropriate health care utilization, model job skills and foster independence in the young parents.

A proposal, from the Legislative Council Committee on Child Abuse and Neglect is drafted into legislation to be sponsored by Representative Krug. It may be attached to the budget as a budget amendment. If passed it would provide for nine Home Visiting pilot projects. They would be *partially* financed through Medical Assistance "Targeted Case Management." Local fundraising, grants, in kind donations, etc. would complete pilot project budgets. Cost effectiveness studies would be conducted. If successful (as we believe it will be) the program could be expanded state wide, as the Prenatal Care Coordination was. That project is currently saving dollars *and* improving birth outcomes.

In short, Home Visiting properly done throughout the State, promises to be a realistic answer to our failed welfare system- not welfare reform, but welfare prevention.

It is rare that an opportunity presents itself where we are enabled not only to "do the right thing" but also to save ourselves and generations to come money and heartache. It is my sincere hope that our legislature will see the rightfulness and urgency of this issue, forgo partisan arguments and "do the right thing" for our children, our families, our communities and our State taxpayers.

Respectfully submitted



Grace Heitsch, MD, FAAP

Rt. 1 Box 89

Washburn, WI 54891

gheitsch@dockernet.com

BRIEFING PAPER: HOME VISITING

Prevention Right From The Start

The family is the cornerstone for healthy children and strong communities. Yet families are at risk, stressed and fractured. Intergenerational cycles of violence, abuse and dependency do little to foster the health, education and well-being of our children and the future of our society.

Home visiting services for family support purposes have a proven, effective record of reducing cases of child abuse and neglect, improving access to primary health care, increasing immunization rates, increasing intervals between pregnancies and improving family functioning and reducing stress. (KEMP, DARO, OLDS).

* The Joint Legislative Council's Special Committee on Prevention of Child Abuse and Neglect has drafted a bill would make funding available for home visitation programs. This bill will be introduced by Representative Shirley Krug in the near future. Key Points:

*The program will target low-income, single, first time parents.

*Services will be initiated prenatally or as soon after the birth of the first child as possible.

*Participation will be voluntary on the part of identified individuals and services should be available until the child reaches 3 years of age or 5 years of age where high-risk factors for child abuse and neglect continue to be present.

*Services will be flexible, providing families with varying frequency and intensity levels depending on families needs and strengths, working towards increasing family independence.

*Peer professional family support workers will provide in home services.

*Initially there will be nine "pilot projects" expanding numbers of counties funded for home visitation as time goes on. Concurrent cost effectiveness studies are mandated.

*Services would be paid for through medical assistance as targeted case management.

*Programs receiving funding would need to show inter-agency cooperation and buy-in of public and private agencies within the service area.

Healthy Families America

At-a-Glance

Goal: To cut in half the rate of abuse of children under 5 in the next ten years through a proven prevention program.

HFA: A program of unprecedented scope and impact

At more than 250 sites in 35 states, HFA:

- contacts parents before or at the time their child is born to offer parenting education and support
- makes intensive home visits to overburdened families for as long as 5 years

● takes a comprehensive, collaborative approach that is tailored to families' and communities' unique needs, and *avoids duplication of effort*

HFA: Because we know what works

- based on two decades of research and successful models in hundreds of communities
- can reduce child abuse in at least 75% of the families served

HFA: It doesn't simply prevent child abuse

Studies of intensive home visitation efforts show that participants are more likely to:

- become more rational health care consumers
- immunize their children
- smoke less
- have higher employment rates
- show greater involvement in their children's education
- complete their own education

HFA: It saves lives and money

- The cost--about \$2,500 per family annually--is far less than the cost of dealing with abuse *after* it occurs.
- Every \$3 spent on HFA saves \$6 in child welfare services, special education, medical care, counseling, and housing of juvenile offenders.





Megan Perrino
Program Director
P.O. Box 73A
Masco, VT 54850
715) 278-9385

Grace Heitsch, M.D.
Medical Advisor
1825 Maple Ln.
Ashland, VT 54806
715) 682-6641

Debra Snyder
Public Relations Director
523 Beaver Ave.
Ashland, VT 54806
715) 682-4220

Mission Statement

The Ashland - Bayfield County Healthy Families Program will help families achieve culturally appropriate, healthy parenting styles by:

- Teaching parents to nurture their children.
- Promoting healthy child development.
- Supporting parents.
- Fostering parental independence, self-reliance and support systems.

Impact of Home Visiting

The social and health problems facing families today are serious. Lack of affordable housing, economic stress, inadequate health and child care and limited access to social supports are challenging parents. For some parents the problems are overwhelming. Healthy Families America seeks to address these challenges with the primary goal of preventing child abuse and neglect. By serving as a gateway for families into the broad system of social support, the Healthy Families America approach is designed to comprehensively address these interrelated problems through the provision of home visitation and linkages to community services. The impacts of the approach are far reaching, including:

Preventing Child Abuse

- ▶ enhanced parent-child relationship
- ▶ increased parental knowledge of child development, child management and child care
- ▶ improved parenting skills particularly with respect to discipline
- ▶ greater usage of formal and informal support systems

Promoting School Readiness

- ▶ child's development of a sense of trust
- ▶ parent's provision of consistent positive stimulation
- ▶ child's ability to communicate and relate well to others

Improving Health Outcomes

- ▶ completed immunizations
- ▶ regular well-child care visits
- ▶ increased appropriate use of the health care system (*i.e.*, less emergency room usage)
- ▶ reduction in parental substance abuse
- early, consistent prenatal care for subsequent pregnancies

Enhancing Family Stability

- ▶ improved use of family resources contributing to financial independence
- ▶ better use of community services (*i.e.*, entering job training program, securing a job or securing housing)
- ▶ reduction in subsequent pregnancies and/or larger spacing between children
- ▶ greater involvement of fathers
- ▶ completion of school (particularly for adolescent parents)

What is Healthy Families America?

- ♦ Healthy Families America is a partnership between the National Committee to Prevent Child Abuse and Ronald McDonald House Charities to establish universal, voluntary in-home support for all new parents nationwide to help them establish healthy childrearing patterns right from the start. The American Academy of Pediatrics Committee on Child Abuse and Neglect calls Healthy Families *"one of the most hopeful and promising developments that has occurred within the recent memory of those working in the field of child maltreatment."*
- ♦ Two decades of research and Hawaii's successful statewide program confirm that providing education and support to parents around the time of a baby's birth, and continuing for months or years afterwards, significantly reduces the risk of child abuse, and contributes to positive, healthy childrearing practices.

Why is the Healthy Families America Approach Successful?

- ♦ New parents are eager to learn how to care for their babies. Family support workers reach out to families and build a sense of trust, no matter how isolated or disorganized they may have become under the strain of caring for a newborn.
- ♦ Services begin prenatally or at birth.
- ♦ Services are voluntary. Parents choose to participate.
- ♦ A Family Resource Coordinator helps each family plan what services most meet their needs.
- ♦ Families receive weekly visits following the birth of their baby, with visits continuing up to five years as needed.
- ♦ Services support the parent as well as the parent-child interaction and child development.
- ♦ Families are linked to a medical provider and additional services as needed.
- ♦ Services are family-centered, tailored to meet the needs of individual families, and are culturally competent.
- ♦ Family support workers are chosen for their personal characteristics, are carefully trained and supervised and work with a small number of families at any one time.

Healthy Families Wisconsin

Eau Claire
Mary Ann Friederichs
715/835-5915

LaCrosse
Donna Jolley
608/785-0001

Walworth County
Pattie Woods
414/723-7881

Portage County
Pat Rychter
715/346-1321

Waukesha County
Lori Byom Fox
414/549-5987

Washington County
Gary Howley
414/458-5726

Ashland/Bayfield
Megan Perrine
715/278-3386

Green Bay
Polly Snodgrass
414/436-6800

Contact the Wisconsin Committee to Prevent Child Abuse, 214 N. Hamilton Street, Madison, Wisconsin, 608/256-3374, FAX 608/256-3378, email wcpca@juno.com for information on:

- ♦ starting a program in your area
- ♦ technical assistance for established programs, including funding, partnerships, evaluation
- ♦ training
- ♦ volunteering
- ♦ Healthy Families Walworth County, Wisconsin's national research and demonstration site



Ashland-Bayfield Counties
Healthy Families
support can continue
until your child is five.



FOR MORE INFORMATION

Megan Perrine 715-278-3386
P.O. Box 73A
Mason, WI 54856

Public Health Departments:

Ashland County	682-7028
Bayfield County	373-6109
Red Cliff	779-3707
Bad River	682-7124
Pam Stanny, MMC	682-4563
Sue Sederholm, MMC	682-4563



ABC Healthy Families

is sponsored by:

- American Academy of Pediatrics/Wyeth Pharmaceuticals
- Duluth Clinic
- MMC Development Corporation
- Child Abuse Prevention Fund
- UW-Extension
- Donors and Volunteers from our Community



Healthy Families

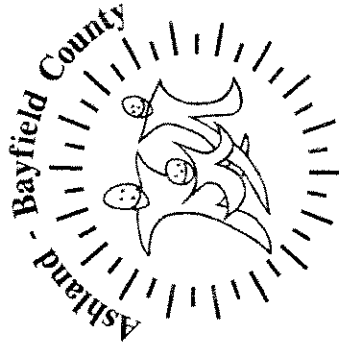
Supporting
&

Empowering
First Time
Families
In Ashland
&

Bayfield Counties

You've just
delivered your first baby.

Now what?



Healthy Families

is for first-time parents

Having a baby is exciting and fun. But it is hard work too. It can be scary when you don't know what to do at times like these:

- ☐ When a baby cries for a long time, is there something wrong?
- ☐ The new baby needs you all the time. How can you take care of him when others seem to need you just as much?
- ☐ You're tired all the time and can't seem to catch up with your sleep. Still the baby needs you. How should you handle this?
- ☐ Sometimes the baby won't eat. What should you do now?
- ☐ You have a question about your new baby. Who can you call?

Ashland - Bayfield County Healthy Families helps families adjust when their first baby is born.

Ashland-Bayfield County Healthy Families will:

- ☐ Listen and help you with your concerns and needs.
- ☐ Teach you about how a baby grows and develops.
- ☐ Help you learn how your baby communicates.
- ☐ Show you what to do when your baby seems ill.
- ☐ Help you learn what to expect from your baby at different ages.
- ☐ Help you learn new ways to reduce family stress.
- ☐ Connect you to resources in the community.
- ☐ Mail a monthly newsletter to you.

Ashland-Bayfield County

Healthy Families

is designed to
provide Education,
Support and Help
to New Parents

ABC Healthy Families
is a collaboration between:

Memorial Medical Center
Public Health Department of
Ashland County
Public Health Department of
Bayfield County
Red Cliff Community Health
Center
Bad River Health Services
Superior Family Center

4/17/97

In support of HOME VISITING;

A COST SAVING, TRULY EFFECTIVE, CHILD ABUSE PREVENTION MODEL.

Testimony for the Joint Finance Committee

As a pediatrician, child abuse is the one part of my practice I loathe. I hate the heart ache and despair of "rescuing" a badly abused child from his tormentors, often a family member. I hate the emotional turmoil family members endure. Providing medical care for damaged children is depressing. But the worst part is watching those children grow- they fail in therapy, fail in school, drop out of society, but not the gene pool. They often go on to early reproduction- and to repeat the cycle of violence against their own babies. They know no other way to interact with the world.

Conventional wisdom states there is no cure for child abuse. This is wrong. Home Visitation works. Home Visiting prevents child abuse and neglect *and* it saves money we are now wasting on ineffective treatment, paliation and incarceration.

In these times of fiscal austerity, every program should be evaluated as to it's worthiness and cost effectiveness. While children who are abused must be serviced and protected, the current system is wasteful and ineffective at best. Rates of abuse increase yearly. Cost of prosecution, out of home placement and rehabilitation are prohibitive, and all too often the very children we "rescued" from abuse end up repeating the cycle and abusing their own children.

Home visiting modeled after the 20 year old highly successful *Hawaii Healthy Start* has been shown in many studies and many settings to be a highly effective method to interrupt the vicious cycle of inter generational abuse and neglect. Families served have extremely low incidence of substantiated severe child abuse compared to matched peers.

In addition to saving lives, nurturing and protecting young children, strengthening families and fostering familial independence, **Home Visiting Programs save \$2 for every \$1 spent** in the first generation served. It is anticipated that by interrupting the cycle of abuse, additional uncounted dollars will be saved in years to come.

Savings:

- less **Foster Care**
- less intervention by **Child Welfare**
- fewer **Prison costs**
- less **Youth violence**
- more highly **employed parents**
- more commonly completed **Parental education**
- better **Child spacing**

- better access to **Health care**, better vaccination and increased use of preventive and clinic care, less use of emergency room and hospitalization.
- fewer public **Housing** costs
- better **School readiness**, less money spent on special services, remedial education, and emotionally disturbed students.

How does this work? Truly, the vast majority of parents mean to do well.... They want the best for their children. BUT we all learn to parent from our own experience, in those first impressionable years. If we were fortunate, and our own experience was good, we will likely do a reasonable job, even without much support and forethought. If our own experience was abusive, and as new parents we have little time, poor education and no resources for reflection and change; the next generation may fare worse yet.

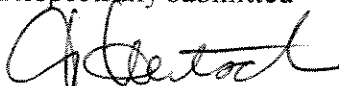
Early intervention with Home Visiting is the answer. At the birth of the first child, *before* new parents have had a chance to make mistakes, a home visitor guides them through the steps of successful parenting and nurturing their own babies. They teach appropriate health care utilization, model job skills and foster independence in the young parents.

A proposal, from the Legislative Council Committee on Child Abuse and Neglect is drafted into legislation to be sponsored by Representative Krug. It may be attached to the budget as a budget amendment. If passed it would provide for nine Home Visiting pilot projects. They would be *partially* financed through Medical Assistance "Targeted Case Management." Local fundraising, grants, in kind donations, etc. would complete pilot project budgets. Cost effectiveness studies would be conducted. If successful (as we believe it will be) the program could be expanded state wide, as the Prenatal Care Coordination was. That project is currently saving dollars *and* improving birth outcomes.

In short, Home Visiting properly done throughout the State, promises to be a realistic answer to our failed welfare system- not welfare reform, but welfare prevention.

It is rare that an opportunity presents itself where we are enabled not only to "do the right thing" but also to save ourselves and generations to come money and heartache. It is my sincere hope that our legislature will see the rightfulness and urgency of this issue, forgo partisan arguments and "do the right thing" for our children, our families, our communities and our State taxpayers.

Respectfully submitted



Grace Heitsch, MD, FAAP

Rt. 1 Box 89

Washburn, WI 54891

gheitsch@dockernet.com

BRIEFING PAPER: HOME VISITING

Prevention Right From The Start

The family is the cornerstone for healthy children and strong communities. Yet families are at risk, stressed and fractured. Intergenerational cycles of violence, abuse and dependency do little to foster the health, education and well-being of our children and the future of our society.

Home visiting services for family support purposes have a proven, effective record of reducing cases of child abuse and neglect, improving access to primary health care, increasing immunization rates, increasing intervals between pregnancies and improving family functioning and reducing stress. (KEMP, DARO, OLDS).

* The Joint Legislative Council's Special Committee on Prevention of Child Abuse and Neglect has drafted a bill would make funding available for home visitation programs. This bill will be introduced by Representative Shirley Krug in the near future. Key Points:

*The program will target low-income, single, first time parents.

*Services will be initiated prenatally or as soon after the birth of the first child as possible.

*Participation will be voluntary on the part of identified individuals and services should be available until the child reaches 3 years of age or 5 years of age where high-risk factors for child abuse and neglect continue to be present.

*Services will be flexible, providing families with varying frequency and intensity levels depending on families needs and strengths, working towards increasing family independence.

*Peer professional family support workers will provide in home services.

*Initially there will be nine "pilot projects" expanding numbers of counties funded for home visitation as time goes on. Concurrent cost effectiveness studies are mandated.

*Services would be paid for through medical assistance as targeted case management.

*Programs receiving funding would need to show inter-agency cooperation and buy-in of public and private agencies within the service area.

Healthy Families America

At-a-Glance

Goal: To cut in half the rate of abuse of children under 5 in the next ten years through a proven prevention program.

HFA: A program of unprecedented scope and impact

At more than 250 sites in 35 states, HFA:

- contacts parents before or at the time their child is born to offer parenting education and support
- makes intensive home visits to overburdened families for as long as 5 years

● takes a comprehensive, collaborative approach that is tailored to families' and communities' unique needs, and *avoids duplication of effort*

HFA: Because we know what works

- based on two decades of research and successful models in hundreds of communities
- can reduce child abuse in at least 75% of the families served

HFA: It doesn't simply prevent child abuse

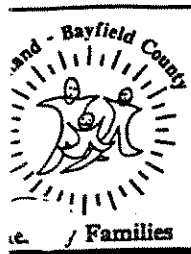
Studies of intensive home visitation efforts show that participants are more likely to:

- become more rational health care consumers
- immunize their children
- smoke less
- have higher employment rates
- show greater involvement in their children's education
- complete their own education

HFA: It saves lives and money

- The cost--about \$2,500 per family annually--is far less than the cost of dealing with abuse *after* it occurs.
- Every \$3 spent on HFA saves \$6 in child welfare services, special education, medical care, counseling, and housing of juvenile offenders.





Megan Perrine
Program Director
P.O. Box 73A
Mason, WI 54856
715) 278-3386

Grace Heitsch, M.D.
Medical Advisor
1625 Maple Ln.
Ashland, WI 54806
715) 682-9641

Debra Snyder
Public Relations Director
523 Beaver Ave.
Ashland, WI 54806
715) 682-4220

Mission Statement

The Ashland - Bayfield County Healthy Families Program will help families achieve culturally appropriate, healthy parenting styles by:

- Teaching parents to nurture their children.
- Promoting healthy child development.
- Supporting parents.
- Fostering parental independence, self-reliance and support systems.

Impact of Home Visiting

The social and health problems facing families today are serious. Lack of affordable housing, economic stress, inadequate health and child care and limited access to social supports are challenging parents. For some parents the problems are overwhelming. Healthy Families America seeks to address these challenges with the primary goal of preventing child abuse and neglect. By serving as a gateway for families into the broad system of social support, the Healthy Families America approach is designed to comprehensively address these interrelated problems through the provision of home visitation and linkages to community services. The impacts of the approach are far reaching, including:

Preventing Child Abuse

- ▶ enhanced parent-child relationship
- ▶ increased parental knowledge of child development, child management and child care
- ▶ improved parenting skills particularly with respect to discipline
- ▶ greater usage of formal and informal support systems

Promoting School Readiness

- ▶ child's development of a sense of trust
- ▶ parent's provision of consistent positive stimulation
- ▶ child's ability to communicate and relate well to others

Improving Health Outcomes

- ▶ completed immunizations
- ▶ regular well-child care visits
- ▶ increased appropriate use of the health care system (*i.e.*, less emergency room usage)
- ▶ reduction in parental substance abuse
- early, consistent prenatal care for subsequent pregnancies

Enhancing Family Stability

- ▶ improved use of family resources contributing to financial independence
- ▶ better use of community services (*i.e.*, entering job training program, securing a job or securing housing)
- ▶ reduction in subsequent pregnancies and/or larger spacing between children
- ▶ greater involvement of fathers
- ▶ completion of school (particularly for adolescent parents)

What is Healthy Families America?

- ♦ Healthy Families America is a partnership between the National Committee to Prevent Child Abuse and Ronald McDonald House Charities to establish universal, voluntary in-home support for all new parents nationwide to help them establish healthy childrearing patterns right from the start. The American Academy of Pediatrics Committee on Child Abuse and Neglect calls Healthy Families *"one of the most hopeful and promising developments that has occurred within the recent memory of those working in the field of child maltreatment."*
- ♦ Two decades of research and Hawaii's successful statewide program confirm that providing education and support to parents around the time of a baby's birth, and continuing for months or years afterwards, significantly reduces the risk of child abuse, and contributes to positive, healthy childrearing practices.

Why is the Healthy Families America Approach Successful?

- ♦ New parents are eager to learn how to care for their babies. Family support workers reach out to families and build a sense of trust, no matter how isolated or disorganized they may have become under the strain of caring for a newborn.
- ♦ Services begin prenatally or at birth.
- ♦ Services are voluntary. Parents choose to participate.
- ♦ A Family Resource Coordinator helps each family plan what services most meet their needs.
- ♦ Families receive weekly visits following the birth of their baby, with visits continuing up to five years as needed.
- ♦ Services support the parent as well as the parent-child interaction and child development.
- ♦ Families are linked to a medical provider and additional services as needed.
- ♦ Services are family-centered, tailored to meet the needs of individual families, and are culturally competent.
- ♦ Family support workers are chosen for their personal characteristics, are carefully trained and supervised and work with a small number of families at any one time.

Healthy Families Wisconsin

Eau Claire
Mary Ann Friederichs
715/835-5915

LaCrosse
Donna Jolley
608/785-0001

Walworth County
Pattie Woods
414/723-7881

Portage County
Pat Rychter
715/346-1321

Waukesha County
Lori Byom Fox
414/549-5987

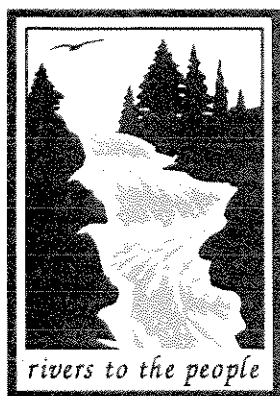
Washington County
Gary Howley
414/458-5726

Ashland/Bayfield
Megan Perrine
715/278-3386

Green Bay
Polly Snodgrass
414/436-6800

Contact the Wisconsin Committee to Prevent Child Abuse, 214 N. Hamilton Street, Madison, Wisconsin, 608/256-3374, FAX 608/256-3378, email wcpca@juno.com for information on:

- ♦ starting a program in your area
- ♦ technical assistance for established programs, including funding, partnerships, evaluation
- ♦ training
- ♦ volunteering
- ♦ Healthy Families Walworth County, Wisconsin's national research and demonstration site



**Northern Waters
LIBRARY
SERVICE**

3200 East Lake Shore Drive
Ashland, Wisconsin 54806

Voice & FAX: (715)682-2365
e-mail: nwlswin.bright.net.

Member Libraries:

Vaughn Public Library -
Ashland
Bad River Tribal Library
Ontonagon
Bayfield Carnegie Library
Boulder Junction Library
Forest Lodge Library -
Cobles
Drummond Public Library
Glenn Memorial Library
Eagle River
Grantsburg Public Library
Hayward Carnegie Library
Hurley Public Library
Lac Courte Oreille College
Community Library
Lac du Flambeau Library
Land O' Lakes Library
Madeline Island Library -
LePore
Keller Memorial Library -
Monticello Waters
Legion Memorial Library
Mellen
Merger Public Library
Mason's Ellis Public Library -
Phelps
Oma Stein Public Library
Presque Isle
Purn Lake Public Library
Raynor
Shell Lake Public Library
Spooner Memorial Library
Superior Public Library
Washburn Public Library
Burnett Community Library
Webster
Winchester Public Library
Ruth A. Rice Public Library
Winifred

Serving Ashland, Bayfield,
Burnett, Douglas, Iron, Sawyer,
Vilas, and Washburn counties.

April 17, 1997

The Honorable Tommy G. Thompson
Governor of Wisconsin
Room 115 East, State Capitol
Madison, WI 53702

Dear Governor Thompson,

At the March 15, 1997 meeting of the Board of Trustees of Northern Waters Library Service, I was directed to contact you on behalf of the members of this Board to request that you include public libraries in the TEACH Wisconsin Initiative.

Libraries in the eight northwest counties of Wisconsin are as vital to their communities as their resources enable them to be. Never has there been a greater opportunity for equalizing access to information for those in large or small communities, in urban or rural areas and in the full range of economic backgrounds. Libraries are the one key element in lifelong learning in all areas of Wisconsin.

You must know that libraries need support in all elements of the TEACH Wisconsin proposal including:

- Information Technology Block Grants
- Technical Assistance Grants for Public Library Systems
- Equalized cost of Internet and video access via telecommunications
- Access to the BadgerNet System of telecommunications
- Loans for wiring the existing library buildings to handle the increased load brought on by electronic information access.

The NWLS Board requests that you strongly consider amending the State's Budget to include public libraries in the TEACH Wisconsin proposal. Members attending the March 15 meeting were:

Thomas M. Anich, Ashland, Ashland County
Carol Ante, Ashland, Ashland County
Marcia Wellnitz, Barnes, Bayfield County
Carol Eder, Washburn, Bayfield County
Mary Poretti, Webster, Burnett County
Gary Bohn, Grantsburg, Burnett County
Lewis D. Martin, Superior, Douglas County
Shirley Granger, Solon Springs, Douglas County
Ed Stack, Superior, Douglas County
Pat Cattellino, Saxon, Iron County
Patti Paige, Hurley, Iron County
Eva June Wise, Hayward, Sawyer County
Rolinda Langham, Stone Lake, Sawyer County
Sandra Mackie, Spooner, Washburn County
Sharlene Parish, Shell Lake, Washburn County

Sincerely,

Joan Airola
Joan Airola, NWLS Director

copies to Joint Finance Committee

4-17-97

To: Joint Committee on Finance
Superior, W.I.
By: Ruth O'Kaneh, Superior
2021 Baxter Avenue

As a member of the National Congress of Parents & Teachers, the Wisconsin Congress of Parents & Teachers and our local PTA, I urge the Wisconsin Legislature and Governor to encourage quality education which can be assured only through adequate financing and local control of funds. Public funds should support public schools. Provide education before incarceration. Take heed to the adage "An ounce of prevention is worth a pound of cure."

Mr. RONALD CHRISTENSEN
301 EAST 8th ST.
Superior WI 54880

INCREASE FUNDING FOR TRANSPORTATION

THE FEDERAL HIGHWAY ADMINISTRATION ESTIMATED FOR EVERY 1 BILLION DOLLARS SPENT HIGHWAY INFRASTRUCTURE 42,000 JOBS ARE CREATED. 7,900 ON THE SITE ITSELF, 19,700 IN SUPPORT INDUSTRY AND SERVICES. ANOTHER 14,500 JOBS ARE CREATED AS A DIRECT RESULT OF THE SPENDING OF CONSTRUCTION WORKED WAGES.

BETWEEN 1990 AND 1994, 84% OF THE NEW AND EXPANDING FIRMS IN THE STATE WERE LOCATED WITHIN FIVE MILES OF A CORRIDORS 2020 ROUTE.

THE STATES SIX BILLION DOLLAR TOURIST INDUSTRY DEPENDS UPON SAFE AND EFFICIENT TRANSPORTATION.

BUSINESSES SEEKING TO LOCATE IN AN AREA CONSIDER ADEQUATE TRANSPORTATION A TOP PRIORITY. CONVERSELY A RECENT STUDY BY THE ECONOMIC POLICY INSTITUTE HAS FOUND A DIRECT LINK BETWEEN LOWER INVESTMENTS IN PUBLIC INFRASTRUCTURE AND DECLINE IN ECONOMIC GROWTH.

TO INSURE THE FUTURE ECONOMIC GROWTH OF WISCONSIN , PLEASE MAKE SURE THE TRANSPORTATION NEEDS OF THE STATE ARE ADEQUATELY FUNDED.

THANK YOU.

INCREASE THE FUNDING FOR TRANSPORTATION

THE FEDERAL HIGHWAY ADMINISTRATION LISTS ONE THIRD OF THE HIGHWAYS IN WISCONSIN AS BEING IN POOR OR MEDIOCRE CONDITION 8,806 MILES OUT OF TOTAL 27,606.

THE DEDICATED FEES AND TAXES PAID BY WISCONSIN DRIVERS LAST YEAR WAS \$283 - CONSIDERABLY LESS THAN THE NATIONAL AVERAGE OF \$342. (SOURCE WISCONSIN DEPARTMENT OF TRANSPORTATION)

AMOUNT PAID BY DRIVERS IN NEIGHBORING STATES:

ILLINOIS	\$358
IOWA.....	\$429
MICHIGAN.....	\$333
MINNESOTA.....	\$486
INDIANA.....	\$477

THE COMMITMENT TO FUND TRANSPORTATION HAS FALLEN IN REAL TERMS BY 41.3% SINCE 1971. (SOURCE: TRANSPORTATION DEVELOPMENT ASSOCIATION 1997)

POOR ROADS WASTE FUEL, CAUSE EXCESS TIRE WEAR, AND RESULT IN DAMAGE TO CARS. ALL AT A COST OR IF YOU WOULD A TAX ON THE DRIVING PUBLIC.

BY THE FISCAL YEAR 2001-2002 AN ADDITIONAL \$412 MILLION WILL BE NEEDED TO EXPAND THE CURRENT HIGHWAY SYSTEM TO MEET CAPACITY NEEDS.

NOT FUNDING PROPERLY NOW WILL MEAN EVEN HIGHER COSTS IN THE FUTURE, PAY NOW OR PAY LATER.

THANK YOU.

April 16, 1997
Earl L. Orner
HCR 61, Box 5444
Barnes, Wisconsin 54873
715-795-2563

Wisconsin Legislature Joint Finance Committee
Madison WI. 53707

Dear Committee Members,

Please include \$1.8 million, per year, of increased funding for Wisconsin's Snowmobile Program.

The 1980's era financing methods are outmoded and must be upgraded to handle the tremendous increase in the number of snowmobiles, the miles traveled by each, the increased speed and range of travel. The trails must now be prepared better during the summer and then groomed better and much more often during the winter to keep them in good condition. The winter tourism industry depends on satisfied snowmobiling customers.

The clubs are weary of the ever increasing financial load that has outgrown the capacity of all those raffles, bean feeds, donation jars etc. They are spending more time with fund raisers than working on the trails. Their ranks are thinning and they are aging with the oldtimers not being replaced in sufficient numbers.

New, more automatic, funding sources must be developed. We need a share of GPR revenue received by the State from snowmobile related sources. We also should have an adjustment in the 50 gallons of gasoline tax allowance per machine, per year. In 1980 the average was 400 miles per year. It is now said to be 1400 miles per year.

The Bayfield County Snowmobile Alliance receives about \$100,000.00 from State snowmobile funding per year. Its annual budget has grown to almost \$250,000.00. Fund raising the difference has become an overwhelming task.

Two severe winters in a row has about the same effect on the snowmobile organizations as it has on the deer herd. The 1997/98 season will be the most critical time. We will sell one of our six groomers this spring and don't expect to be able to afford to replace it.

The Bayfield County Alliance owes about \$200,000.00 on groomer loans and the annual payments are about \$52,000.00 per year. I, and three other Officers personally cosigned a \$178,000.00 note this fall.

Our basic \$200.00 per mile grant is \$66,600.00 per year. Supplemental grooming claims were prorated at 54.4% this year so Bayfield County received less than \$40,000.00 in Supplemental funding for a total of a little over \$100,000.00 total State funding.

We fear that the Supplemental prorate may fall below 50% for the current grooming season.

Another problem is that the northern county's basic \$200.00 per mile grants are used up in the first half of January. The clubs and alliances have to self finance the grooming done from then until grooming is over about mid-March themselves. I originated a Rule change to allow a 50% advance on Supplemental claims after the are audited, but the 1996/97 claims payments were delayed until December, anyway, due to a new computer system.

It's obvious that Snowmobile trails are the basis of most of our winter tourism and that financial problems are threatening "to kill the golden goose" both in Wisconsin and Minnesota. The volunteers are willing to take care of the trails but someone else must assume financial responsibility.

The Bayfield County Snowmobile Alliance is considering turning all fund raising over to the business associations. The Alliance would then determine how much state funding is available in addition to what the associations pledge and reduce the number of groomers to match available funds.

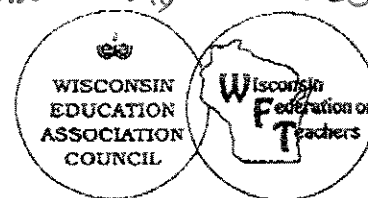
I can be contacted at 715-795-2563 or the address above.

Sincerely,



Earl L. Orner

From David Sanders



Budget Brief

TEACH WISCONSIN - GOVERNOR THOMPSON'S TECHNOLOGY INITIATIVE

Background- Governors's Budget (AB100-SB77)

WEAC and the WFT support the 1997-98 biennial budget bill initiative for public schools called Teach Wisconsin. The Governor's proposal is an excellent first step in achieving the goal of bringing educational technology and telecommunications to Wisconsin's school children.

We feel that the following recommended changes will eliminate weaknesses, change potential political opposition to support, and improve the delivery system and administration of TEACH.

- **Shift from Pioneering Partners to Block Grants**

The change from competitive grants to block grants to all school districts improves this program. Some school districts have been left stranded because of the change.

Recommendation: Appropriate \$5 million to fund one more competitive grant cycle in the old Pioneering Partners Program.

Rationale: Individual school districts who may oppose this program because they were disadvantaged by the shift will become allies.

- **Common School Fund as Revenue Source for TEACH**

School librarians are opposed to TEACH because they are concerned that the school libraries may have future revenue cutbacks if the common school fund is depleted by TEACH.

Recommendation: Insert statutory language which guarantees a threshold appropriation of no less than the previous base year appropriation for school libraries.

Rationale: A guarantee of future funding for school libraries will convert opposition to support.

- **Governance Structure Of Teach Wisconsin**

TEACH Wisconsin calls for the creation of a new agency to coordinate and administer the program. The Educational Communications Board can better serve the K-12 community while saving approximately \$75,000 GPR each year of the biennium.

Recommendation: Designate the Educational Communications Board as the coordinating agency for TEACH. Maintain TEACH as a discreet entity within the ECB.

Rationale: By designating the ECB as the coordinating agency for TEACH, the program can be integrated with a number of other distance education within ECB. K-12 schools have a high level of confidence in the ECB. ECB enjoys an excellent reputation within the K-12 community.

- **Enhanced Role for CESA's**

Providing two new positions to each CESA district is one of the stronger features of this program. WEAC envisions an expanded role for CESA's in K-12 educational telecommunications and technology. We believe that the role of CESA's can be further enhanced by creating local advisory councils with broad based membership within each CESA district.

Recommendation: Create regional educational technology advisory councils coterminous with each CESA district consisting of school administrators, teachers and school board members; representatives of local libraries, technical college and university campuses; telecommunications industry representatives and citizens to advise the ECB Executive Director on matters relating to the delivery of educational technology and telecommunications services to local school districts.

Rationale: Creating 12 regional advisory councils with broad private and public sector membership to create forums for the educational community on matters pertaining to educational technology and telecommunications and, to advise the ECB and TEACH Wisconsin on matters of concern at the local level.

- **Telecommunications Rate Reductions for Schools**

We support the Governor's proposal to require the Universal Service Fund to provide funds for telecommunications rate discounts. However, by including these revenues within the states two-thirds funding obligation establishes a precedent which we must oppose.

Recommendation: Do not include the Universal Service Fund Money in the states two-third funding.

Rationale: Including universal service revenues in the two-thirds funding impedes the development of educational technology by shrinking the amount of money for other programs and, establishes an unacceptable precedent for the future use of FCC universal service revenues.

Contact: John (Jack) W. Coe, WEAC legislative Consultant
1-(800)362-8034 ext. 238

EDUCATION TECHNOLOGY AND TRAINING**BUDGET SECTIONS:**

- 45/52/53/116/120/124/125/148/150/151/221/235/264/270/272/283/667/674/680/681/736/737/752/753/815/816/818/820/824/826/834/916/1168/1192/1212-1215/1342-1344/1347/2877/3145-3155/3158/9101/9140/9141/9401.

Creation of a New Technology for Educational Achievement (TEACH) Wisconsin Board:

- A newly created TEACH board responsible for working with public school districts, CESAs, the UW System Board of Regents, the WTCS Board and the DOA to do all of the following -- (1) promote the efficient, cost-effective procurement, installation and maintenance of educational technology by school districts, CESA's and by UW and WTCS institutions -- (2) identify best methods of providing in-service training for teachers and faculty relating to the effective use of educational technology and administer funding for teacher training and -- (3) establish standards and specifications for the purchase of education technology hardware and software and for the installation and upgrading of school and computer network wiring.
- The TEACH Wisconsin Board would be a nine-member board including a member of the UW Board of Regents and a member of the WTCS Board appointed by their respective boards, the Secretary of DOA, the State Superintendent of Public Instruction and five members appointed by the governor. The governor also appoints the executive director of the board.
- The governor's budget calls for \$30,096,500 in FY98 and \$54,710,900 in FY99 (from various revenue sources - GPR/PR-O/SEG-O) and 6.00 full time equivalent (FTE) positions for the new agency.
- **NOTE:** This provision coincides with the recommended elimination of the Pioneering Partners Grant and Loan Program and the Educational Technology Board. These programs' function and appropriations will be taken over by the new TEACH board. Their primary function is for awarding grants and loans to school district and public libraries for distance education and educational technology projects. In addition distance learning functions of the Educational Communications Board (ECB) would be transferred to the new Board.
- **NOTE:** In his budget address, the Governor stated that all funds relating to education technology would be outside of the state's imposed revenue limits. This represents the first exemption in the limits supported by the Governor.

Educational Technology Block Grants - Administered by TEACH Agency:

- Provide \$25M GPR/SEG in FY98 and \$40M GPR/SEG in FY99 for noncompetitive block grants to school districts for educational technology. The block grants would be proportional to the number of persons between the ages of 4 and 20 who reside in each school district. A base grant is also provided to all school districts in the amount of \$5,000.
- The block grants would be used to purchase and maintain computer hardware and software, to train professional staff members in using educational technology, and for the repayment of loans related to investments in educational technology.
- **NOTE:** Additional grant awards to districts would depend in part on a weighted scale. The scale would be based on a school district's property values measured against the state average equalized valuation per pupil. In addition, all grants would be available only if the school board adopts a resolution requesting the grant.
- **NOTE:** Grants to districts would be deposited in a separate fund. The funds may be used for any purpose related to educational technology, except that a school district may not use the funds to pay the salary or benefits of any school district employee.

Grants to CESAs - Administered by the TEACH Agency:

- TEACH agency will promulgate rules to provide \$4M annually to CESAs. The funds are designated for teacher training programs and to fund two staff members per CESA. One staff person would provide technical assistance related to educational technology and a second staff person will coordinate and provide educational training for the school districts served by the CESA agency.

Subsidized School Wiring Loans/Telecommunications Access - Administered by the TEACH Agency:

- Provide \$50M annually in state bonding authority for loans to school districts to upgrade their electrical and computer network wiring. *Provide funding for the state to pay one-half of the principal and interest charges on the loans to school districts.*
- Direct the PSC to coordinate with the TEACH board and the DOA to use moneys in the universal service fund to ensure that all school districts are able to access a high speed data link providing direct Internet access and, if the district chooses, two-way video link for not more than \$250/month.
- The board determines the interest rate for loans which shall be "as low as possible" but shall be sufficient to fully pay all interest expenses incurred by the state.